

United States Bankruptcy Court for the:  
**Eastern District of Virginia**

Case number (if known): \_\_\_\_\_ Chapter you are filing under:  
 Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

CLECK  
US BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA

2020 JAN 21 A 10:54

100-2020-100

Check if this is an amended filing

## Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use **you** and **Debtor 1** to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a **joint case**—and in joint cases, these forms use **you** to ask for information from both debtors. For example, if a form asks, "Do you own a car?" the answer would be **yes** if either debtor owns a car. When information is needed about the spouses separately, the form uses **Debtor 1** and **Debtor 2** to distinguish between them. In joint cases, one of the spouses must report information as **Debtor 1** and the other as **Debtor 2**. The same person must be **Debtor 1** in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

##### About Debtor 1:

##### About Debtor 2 (Spouse Only in a Joint Case):

###### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Stacy  
First name

First name

Antoinette  
Middle name

Middle name

Bring your picture identification to your meeting with the trustee.

Kelly  
Last name

Last name

Suffix (Sr., Jr., II, III)

Suffix (Sr., Jr., II, III)

###### 2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

First name

Middle name

Middle name

Last name

Last name

First name

First name

Middle name

Middle name

Last name

Last name

###### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx- 6 7 9 9

xxx-xx- \_\_\_\_-\_\_\_\_-\_\_\_\_

OR

OR

9xx-xx- \_\_\_\_-\_\_\_\_-\_\_\_\_

9xx-xx- \_\_\_\_-\_\_\_\_-\_\_\_\_

Debtor 1	<u>Stacy</u> First Name	<u>Antoinette</u> Middle Name	<u>Kelly</u> Last Name	Case number (if known) _____
<b>About Debtor 1:</b>				<b>About Debtor 2 (Spouse Only in a Joint Case):</b>
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		<input type="checkbox"/> I have not used any business names or EINs.		<input type="checkbox"/> I have not used any business names or EINs.
Include trade names and doing business as names		<u>Kelly's Cleaning Service</u> Business name		Business name
		<u>Royals Mobile Auto Repair</u> Business name		Business name
		EIN		EIN
		EIN		EIN
See continuation page.				
<b>If Debtor 2 lives at a different address:</b>				
5. Where you live		<u>600 Warwick Ave W3</u> Number Street		Number Street
		<u>Norfolk, VA 23503</u> City State ZIP Code		City State ZIP Code
		County		County
		Number Street		Number Street
		P.O. Box		P.O. Box
		City	State ZIP Code	City State ZIP Code
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.				
If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.				
6. Why you are choosing this district to file for bankruptcy		Check one:		Check one:
		<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		<input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408)		<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408)
<hr/> <hr/> <hr/> <hr/>				
<hr/> <hr/> <hr/> <hr/>				

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**

- I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).  
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

- No.  
 Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- No.  
 Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

11. **Do you rent your residence?**

- No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

12. Are you a sole proprietor of any full- or part-time business?

- No, Go to Part 4.  
 Yes, Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Kelly's Cleaning Service  
Name of business, if any

Number Street  
\_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

- No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property?

Number Street  
\_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_

Debtor 1	<u>Stacy</u> First Name	<u>Antoinette</u> Middle Name	<u>Kelly</u> Last Name	Case number (if known) _____
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**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

**You must check one:**

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

**You must check one:**

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.  
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.  
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- No  
 Yes

18. How many creditors do you estimate that you owe?

- 1-49       1,000-5,000       25,001-50,000       50,000-100,000       More than 100,000  
 50-99       5,001-10,000  
 100-199       10,001-25,000  
 200-999

19. How much do you estimate your assets to be worth?

- \$0-\$50,000       \$1,000,001-\$10 million       \$500,000,001-\$1 billion  
 \$50,001-\$100,000       \$10,000,001-\$50 million       \$1,000,000,001-\$10 billion  
 \$100,001-\$500,000       \$50,000,001-\$100 million       \$10,000,000,001-\$50 billion  
 \$500,001-\$1 million       \$100,000,001-\$500 million       More than \$50 billion

20. How much do you estimate your liabilities to be?

- \$0-\$50,000       \$1,000,001-\$10 million       \$500,000,001-\$1 billion  
 \$50,001-\$100,000       \$10,000,001-\$50 million       \$1,000,000,001-\$10 billion  
 \$100,001-\$500,000       \$50,000,001-\$100 million       \$10,000,000,001-\$50 billion  
 \$500,001-\$1 million       \$100,000,001-\$500 million       More than \$50 billion

**Part 7: Sign Below**

For you

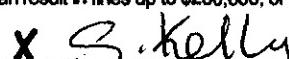
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Stacy Antoinette Kelly, Debtor

Executed on 01/12/2020  
MM/ DD/ YYYY

Debtor 1	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>	Case number ( <i>if known</i> ) _____
	First Name	Middle Name	Last Name	

For you If you are filing this bankruptcy without an attorney

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

If you are represented by an attorney, you do not need to file this page.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No

Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No

Yes

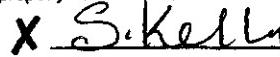
Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No

Yes. Name of person Putney, Tiffany Marie

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

 S. Kelly

Stacy Antoinette Kelly, Debtor 1

Date

01/12/2020  
MM/ DD/ YYYY

Contact phone (757) 322-7550

Contact phone \_\_\_\_\_

Cell phone (757) 322-7550

Cell phone \_\_\_\_\_

Email address kstacy28@aol.com

Email address \_\_\_\_\_

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Additional Items: **Continuation Page**

**About Debtor 1:**

**About Debtor 2 (Spouse Only In a Joint Case):**

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years (cont.)

Include trade names and doing business as names

Uber

Business name

12. Are you a sole proprietor of any full- or part-time business? (cont.)

Royals Mobile Auto Repair

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

Uber

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA  
Norfolk \_\_\_\_\_ Division

In re Stacy Antoinette Kelly

Case No.

Chapter 7

Debtor(s)

**COVER SHEET FOR LIST OF CREDITORS**

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette or by a typed hard copy in scannable format, with Request for Waiver attached, is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

Master mailing list of creditors submitted via:

- (a)  computer diskette listing a total of 27 creditors; or  
(b)  scannable hard copy, with Request for Waiver attached,  
consisting of 3 pages, listing a total of 27 creditors

S. Kelly  
Debtor

Joint Debtor

Date: 1/12/2020

[Check if applicable]  Creditor(s) with  
foreign addresses included on disk/hard copy.

CreditorMatrix-Stacy Kelly (1)

Allstate  
708 S Battlefield Blvd  
Chesapeake, VA 23322

AT&T  
PO Box 536216  
Atlanta, GA 30353

Atlantic Anesthesia  
134 Business Park Drive  
Virginia Beach, VA 23462

Beach Kids Pediatric  
1004 First Colonial Road, Suite 103  
Virginia Beach, VA 23454

Chesapeake Weight Loss  
221 Mount Pleasant Rd. Suite A  
Chesapeake, VA 23322

Childrens Specialty GRP, PLLC  
PO Box 11049  
Norfolk, VA 23517

City of Virginia Beach  
2401 Courthouse Drive, Municipal Center, Building 1  
Virginia Beach, VA 23456

Contract Callers Inc  
501 Greene St  
Augusta, GA 30901

Cox Communications  
PO BOX 78071  
Phoenix, AZ 85062

Credit Management  
6080 Tennyson Pkwy Ste 100  
Plano, TX 75024

Dominion Power  
PO Box 26543  
Richmond, VA 23290

Eastern Account Systems I  
3 Corporation Dr  
Danbury, CT 06810

Elizabeth River Tunnels  
DriveERT  
700 Port Centre Parkway 2B  
Portsmouth, VA 23704

EOS CCA  
700 Longwater Dr  
Norwell, MA 02061

Harbor Inn Apartments  
5600 Elizabeth Ct  
Virginia Beach, VA 23455

Horizons At Indian River  
2815 E. Indian River Road

SK

CreditorMatrix-Stacy Kelly (1)

Chesapeake, VA 23325

Labcorp  
PO Box 2240  
Burlington, NC 27216

Langley Fed Credit Union  
1055 W Mercury Blvd  
Hampton, VA 23666

Navy Federal CR Union  
PO Box 3700  
Merrifield, VA 22119

Portfolio Recovery  
120 CORPORATE BLVD 100  
Norfolk, VA 23502

RB Corp VA/Credit Control Corp  
11821 Rock Landing Dr  
Newport News, VA 23606

Sentara collections  
PO Box 79698  
Baltimore, MD 21279

Sequium Asset Solutions  
1130 Northchase Pkwy 150  
Marietta, GA 30067

Sprint  
PO Box 4191  
Carol Stream, IL 60197

Verizon  
500 Technology Dr 500  
Weldon Spring, MO 63304

webbank/Fingerhut  
6250 Ridgewood Rd  
Saint Cloud, MN 56303

wells Fargo  
PO Box 14517  
Des Moines, ID 50306



Debtor 1	<u>Stacy</u> First Name	<u>Antoinette</u> Middle Name	<u>Kelly</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Virginia</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

	Your assets	
	Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$0.00	
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$6,607.00	
1c. Copy line 63, Total of all property on Schedule A/B.....	<span style="border: 1px solid black; padding: 2px;">\$6,607.00</span>	

#### Part 2: Summarize Your Liabilities

	Your liabilities	
	Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$3,594.00	
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$3,000.00	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$52,213.00	
	Your total liabilities	<span style="border: 1px solid black; padding: 2px;">\$58,807.00</span>

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of Schedule I.....		\$1,923.63
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of Schedule J.....		\$2,638.00

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 26 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income. Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**

\$2,415.29

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$3,000.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00

9d. Student loans. (Copy line 6f.) \$0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$0.00

9g. Total. Add lines 9a through 9f. \$3,000.00

Debtor 1	First Name	Middle Name	Last Name
	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Virginia</u>		
Case number			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/16

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

Street address, if available, or other description  
\_\_\_\_\_  
\_\_\_\_\_

What is the property? Check all that apply.

- Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Who has an interest in the property? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. \_\_\_\_\_

→ \$0.00

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1 Make:	<u>Chrysler</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
Model:	<u>Town &amp; Country</u>	<input checked="" type="checkbox"/> Debtor 1 only	Current value of the entire property?
Year:	<u>2008</u>	<input type="checkbox"/> Debtor 2 only	\$3,741.00
Approximate mileage:	<u>208789</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only	Current value of the portion you own?
Other information:	<input type="checkbox"/> Check if this is community property (see instructions)		

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....**

→ \$3,741.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

Living Room/ Bedroom Furniture, Kitchen Furniture \$1,500.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

Computers/ Televisions \$300.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe.....

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

--	--

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

--	--

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Personal Clothing- Self and children	\$900.00
--------------------------------------	----------

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Rings	\$100.00
-------	----------

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

--	--

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Describe.....

--	--

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached  
for Part 3. Write that number here. →

\$2,800.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash.....

--

Debtor 1 Stacy Antoinette Kelly Case number (*if known*) \_\_\_\_\_  
First Name Middle Name Last Name

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes.....

Institution name:

17.1. Checking account: Suntrust Bank \$25.00

17.2. Checking account: Go Bank \$41.00

17.3. Savings account: \_\_\_\_\_

17.4. Savings account: \_\_\_\_\_

17.5. Certificates of deposit: \_\_\_\_\_

17.6. Other financial account: \_\_\_\_\_

17.7. Other financial account: \_\_\_\_\_

17.8. Other financial account: \_\_\_\_\_

17.9. Other financial account: \_\_\_\_\_

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or Issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No  
 Yes. Give specific information about them.....

Name of entity: % of ownership:

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No  
 Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_

Pension plan: \_\_\_\_\_

IRA: \_\_\_\_\_

Retirement account: \_\_\_\_\_

Keogh: \_\_\_\_\_

Additional account: \_\_\_\_\_

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No  
 Yes.....

Institution name or individual:

Electric: \_\_\_\_\_

Gas: \_\_\_\_\_

Heating oil: \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Telephone: \_\_\_\_\_

Water: \_\_\_\_\_

Rented furniture: \_\_\_\_\_

Other: \_\_\_\_\_

23. **Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes.....

Issuer name and description: \_\_\_\_\_

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):  
\_\_\_\_\_

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them....

\_\_\_\_\_

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

\_\_\_\_\_

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

\_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?  
Do not deduct secured claims or exemptions.**

Debtor 1	<u>Stacy</u> First Name	<u>Antoinette</u> Middle Name	<u>Kelly</u> Last Name	Case number (if known) _____										
<p>28. Tax refunds owed to you</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information about them, including whether you already filed the returns and the tax years.....</p> <table border="1"><tr><td style="width: 40%;"></td><td>Federal: _____</td></tr><tr><td></td><td>State: _____</td></tr><tr><td></td><td>Local: _____</td></tr></table>						Federal: _____		State: _____		Local: _____				
	Federal: _____													
	State: _____													
	Local: _____													
<p>29. Family support</p> <p>Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information.....</p> <table border="1"><tr><td style="width: 40%;"></td><td>Alimony: _____</td></tr><tr><td></td><td>Maintenance: _____</td></tr><tr><td></td><td>Support: _____</td></tr><tr><td></td><td>Divorce settlement: _____</td></tr><tr><td></td><td>Property settlement: _____</td></tr></table>						Alimony: _____		Maintenance: _____		Support: _____		Divorce settlement: _____		Property settlement: _____
	Alimony: _____													
	Maintenance: _____													
	Support: _____													
	Divorce settlement: _____													
	Property settlement: _____													
<p>30. Other amounts someone owes you</p> <p>Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information.....</p> <table border="1"><tr><td style="width: 40%;"></td><td>_____</td></tr></table>						_____								
	_____													
<p>31. Interests in insurance policies</p> <p>Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Name the insurance company of each policy and list its value....</p> <table border="1"><tr><td style="width: 30%;">Company name:</td><td style="width: 30%;">Beneficiary:</td><td style="width: 40%;">Surrender or refund value:</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>					Company name:	Beneficiary:	Surrender or refund value:	_____	_____	_____				
Company name:	Beneficiary:	Surrender or refund value:												
_____	_____	_____												
<p>32. Any interest in property that is due you from someone who has died</p> <p>If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information.....</p> <table border="1"><tr><td style="width: 40%;"></td><td>_____</td></tr></table>						_____								
	_____													
<p>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment</p> <p>Examples: Accidents, employment disputes, insurance claims, or rights to sue</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe each claim.....</p> <table border="1"><tr><td style="width: 40%;"></td><td>_____</td></tr></table>						_____								
	_____													

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No \_\_\_\_\_  
 Yes. Describe each claim..... \_\_\_\_\_

35. Any financial assets you did not already list

No \_\_\_\_\_  
 Yes. Give specific information..... \_\_\_\_\_

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$66.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.  
 Yes. Go to line 38.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No \_\_\_\_\_  
 Yes. Describe..... \_\_\_\_\_

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No \_\_\_\_\_  
 Yes. Describe..... \_\_\_\_\_

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No \_\_\_\_\_  
 Yes. Describe..... \_\_\_\_\_

41. Inventory

No \_\_\_\_\_  
 Yes. Describe..... \_\_\_\_\_

42. Interests in partnerships or joint ventures

No \_\_\_\_\_  
 Yes. Describe..... \_\_\_\_\_

Name of entity: % of ownership:

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_ % \_\_\_\_\_

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

\_\_\_\_\_

\_\_\_\_\_

44. Any business-related property you did not already list

No

Yes. Give specific  
information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached  
for Part 5. Write that number here. →

\$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.**

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

\_\_\_\_\_

\_\_\_\_\_

48. Crops—either growing or harvested

No

Yes. Give specific  
information.....

\_\_\_\_\_

\_\_\_\_\_

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes.....

\_\_\_\_\_

\_\_\_\_\_

50. Farm and fishing supplies, chemicals, and feed

No

Yes.....

\_\_\_\_\_

\_\_\_\_\_

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

51. Any farm- and commercial fishing-related property you did not already list

No  
 Yes. Give specific information.....

--	--

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

**Part 7: Describe All Property You Own or Have an Interest In That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....


54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2..... →

\$0.00

56. Part 2: Total vehicles, line 5

\$3,741.00

57. Part 3: Total personal and household items, line 15

\$2,800.00

58. Part 4: Total financial assets, line 36

\$66.00

59. Part 5: Total business-related property, line 45

\$0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+ \$0.00

62. Total personal property. Add lines 56 through 61.....

\$6,607.00

Copy personal property total →

+ \$6,607.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$6,607.00

Debtor 1	First Name	Middle Name	Last Name
	Stacy	Antoinette	Kelly
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Virginia		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
2008 Chrysler Town & Country	\$3,741.00	<input checked="" type="checkbox"/> \$147.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(8)
Line from Schedule A/B: 3.1			
Brief description: Living Room/ Bedroom Furniture, Kitchen Furniture	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Line from Schedule A/B: 6			

3. Are you claiming a homestead exemption of more than \$170,360?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Computers/ Televisions</u>	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a) _____ _____
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Personal Clothing- Self and children</u>	\$900.00	<input checked="" type="checkbox"/> \$900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4) _____ _____
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Rings</u>	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(1a) _____ _____
Line from Schedule A/B: <u>12</u>			
Brief description: <u>Go Bank Checking account</u>	\$41.00	<input checked="" type="checkbox"/> \$41.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4 _____ _____
Line from Schedule A/B: <u>17</u>			

Debtor 1	First Name	Middle Name	Last Name
	<b>Stacy</b>	<b>Antoinette</b>	<b>Kelly</b>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Virginia</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Langley Fed Credit Union 1055 W Mercury Blvd Hampton, VA 23666	2008 Chrysler Town & Country	\$3,594.00	\$3,741.00	\$0.00
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply.				
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)				
Last 4 digits of account number <u>1 9 2 2</u>				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$3,594.00

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_

**Additional Page**

Part 1:

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any

2.2

Creditor's Name

Describe the property that secures the claim:

Number Street

As of the date you file, the claim is: Check all that apply.

City State ZIP Code

Contingent

Who owes the debt? Check one.

Unliquidated

Debtor 1 only

Disputed

Debtor 2 only

Nature of lien. Check all that apply.

Debtor 1 and Debtor 2 only

An agreement you made (such as mortgage or  
secured car loan)

At least one of the debtors and another

Statutory lien (such as tax lien, mechanic's lien)

Check if this claim relates to a  
community debt

Judgment lien from a lawsuit

Other (including a right to offset)

Date debt was incurred

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$0.00

\$3,594.00

Debtor 1	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Virginia</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
\$3,000.00	\$3,000.00	\$0.00

2.1	<p><u>City of Virginia Beach</u> Priority Creditor's Name <u>2401 Courthouse Drive, Municipal Center,</u> <u>Building 1</u> Number Street <u>Virginia Beach, VA 23466</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks: Business Property Tax - Years 2016-2018</b></p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:  <input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>
-----	--	--

Debtor 1	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

4.1	<p><b>Allstate</b>  Nonpriority Creditor's Name  <u>708 S Battlefield</u>  Number Street  <u>Chesapeake, VA 23322</u>  City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  Cellular Bill</p>	Total claim \$300.00
4.2	<p><b>AT&amp;T</b>  Nonpriority Creditor's Name  <u>PO Box 536216</u>  Number Street  <u>Atlanta, GA 30353</u>  City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  Cellular Bill</p>	\$2,000.00
4.3	<p><b>Atlantic Anesthesia</b>  Nonpriority Creditor's Name  <u>134 Business Park Drive</u>  Number Street  <u>Virginia Beach, VA 23462</u>  City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  Medical Bill</p>	\$1,800.00

Debtor 1	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<b>4.4</b>	<u>Beach Kids Pediatric</u> Nonpriority Creditor's Name <u>1004 First Colonial Road, Suite 103</u> Number Street <u>Virginia Beach, VA 23454</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	<b>\$2,000.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.5</b>	<u>Chesapeake Weight Loss</u> Nonpriority Creditor's Name <u>221 Mount Pleasant Rd, Suite A</u> Number Street <u>Chesapeake, VA 23322</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	<b>\$200.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.6</b>	<u>Childrens Specialty GRP, PLLC</u> Nonpriority Creditor's Name <u>PO Box 11049</u> Number Street <u>Norfolk, VA 23517</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	<b>\$400.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7 Contract Callers Inc \_\_\_\_\_ Last 4 digits of account number 0244 \_\_\_\_\_ \$845.00  
Nonpriority Creditor's Name  
501 Greene St  
Number Street  
Augusta, GA 30901  
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Remarks: Dominion Resources Inc

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
Collection

4.8 Cox Communications \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_ \$800.00  
Nonpriority Creditor's Name  
PO BOX 78071  
Number Street  
Phoenix, AZ 85062  
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.9	<b>Credit Management</b> Nonpriority Creditor's Name <u>6080 Tennyson Pkwy Ste 100</u> Number Street <u>Plano, TX 75024</u> City State ZIP Code	Last 4 digits of account number <u>0699</u>	\$414.00
Who incurred the debt? Check one.		When was the debt incurred?	
<input checked="" type="checkbox"/> Debtor 1 only		As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Remarks: Cox Communications		<input checked="" type="checkbox"/> Other. Specify Collection	

4.10	<b>Dominion Power</b> Nonpriority Creditor's Name <u>PO Box 26543</u> Number Street <u>Richmond, VA 23290</u> City State ZIP Code	Last 4 digits of account number	\$1,200.00
Who incurred the debt? Check one.		When was the debt incurred?	
<input checked="" type="checkbox"/> Debtor 1 only		As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify Utility	

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.6, followed by 4.6, and so forth.

Total claim

**4.11** Eastern Account Systems I \$415.00  
Nonpriority Creditor's Name

3 Corporation Dr

Number Street

Danbury, CT 06810

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No

- Yes

Remarks: Hampton Roads Radiology

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify

**4.12** Eastern Account Systems I \$1,322.00  
Nonpriority Creditor's Name

3 Corporation Dr

Number Street

Danbury, CT 06810

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No

- Yes

Remarks: Hampton Roads Radiology

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
Medical Collection

Debtor 1	<b>Stacy</b>	<b>Antoinette</b>	<b>Kelly</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	<b>Eastern Account Systems I</b> Nonpriority Creditor's Name <b>3 Corporation Dr</b> Number Street <b>Danbury, CT 06810</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Collection	\$256.00
<b>Who incurred the debt? Check one.</b> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> Hampton Roads Radiology			
4.14	<b>Elizabeth River Tunnels</b> Nonpriority Creditor's Name <b>DriveERT</b> <b>700 Port Centre Parkway 2B</b> Number Street <b>Portsmouth, VA 23704</b> City State ZIP Code	Last 4 digits of account number 6916 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Tolls	\$2,500.00
<b>Who incurred the debt? Check one.</b> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	<b>Stacy</b>	<b>Antoinette</b>	<b>Kelly</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<b>4.15</b> <b>EOS CCA</b> Nonpriority Creditor's Name <b>700 Longwater Dr.</b> Number Street <b>Norwell, MA 02061</b> City State ZIP Code	Last 4 digits of account number <b>6223</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection</b>
<b>Remarks:</b> Verizon	
<b>4.16</b> <b>Harbor Inn Apartments</b> Nonpriority Creditor's Name <b>5600 Elizabeth Ct</b> Number Street <b>Virginia Beach, VA 23455</b> City State ZIP Code	Last 4 digits of account number <b>\$4,000.00</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Rents</b>

Debtor 1	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.6, followed by 4.6, and so forth.

Total claim

<b>4.17</b>	<u>Horizons At Indian River</u> Nonpriority Creditor's Name <u>2815 E. Indian River Road</u> Number Street <u>Chesapeake, VA 23325</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Rents	<b>\$7,000.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.18</b>	<u>Labcorp</u> Nonpriority Creditor's Name <u>PO Box 2240</u> Number Street <u>Burlington, NC 27216</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	<b>\$2,000.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.19</b>	<u>Navy Federal CR Union</u> Nonpriority Creditor's Name <u>PO Box 3700</u> Number Street <u>Merrifield, VA 22119</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	<b>\$5,000.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<p>4.20 <b>Portfolio Recovery</b> Nonpriority Creditor's Name <u>120 CORPORATE BLVD 100</u> Number Street <u>Norfolk, VA 23502</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: Capital One Bank</p>	<p>Last 4 digits of account number <u>7805</u> <span style="float: right;">\$1,520.00</span></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection</p>
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<p>4.21 <b>Portfolio Recovery</b> Nonpriority Creditor's Name <u>120 CORPORATE BLVD 100</u> Number Street <u>Norfolk, VA 23502</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: Capital One Bank</p>	<p>Last 4 digits of account number <u>7805</u> <span style="float: right;">\$808.00</span></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>
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Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<p><b>4.22</b> <u>RB Corp VA/Credit Control Corp</u> Nonpriority Creditor's Name <u>11821 Rock Landing Dr</u> Number Street <u>Newport News, VA 23606</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: Emergency Physicians of Tidewater</p>	<p>Last 4 digits of account number <u>3226</u> <span style="float: right;">\$362.00</span></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Collection</p>
<p><b>4.23</b> <u>RB Corp VA/Credit Control Corp</u> Nonpriority Creditor's Name <u>11821 Rock Landing Dr</u> Number Street <u>Newport News, VA 23606</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: Chesapeake Radiology</p>	<p>Last 4 digits of account number <u>5202</u> <span style="float: right;">\$198.00</span></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection</p>

Debtor 1	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.24	<p><b>Sentara Collections</b>            Nonpriority Creditor's Name  <u>PO Box 79698</u>            Number Street  <u>Baltimore, MD 21279</u>            City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt            Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <u>Medical Bill</u></p>	<u>\$9,000.00</u>
4.25	<p><b>Sequium Asset Solutions</b>            Nonpriority Creditor's Name  <u>1130 Northchase Pkwy 150</u>            Number Street  <u>Marietta, GA 30067</u>            City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt            Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2288</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	<u>\$172.00</u>

Remarks: Cox Communications

Debtor 1	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.26	<b>Sprint</b> Nonpriority Creditor's Name <u>PO Box 4191</u> Number Street <u>Carol Stream, IL 60197</u> City State ZIP Code	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cellular Service</u>	<b>\$90.00</b>
4.27	<b>Verizon</b> Nonpriority Creditor's Name <u>500 Technology Dr 500</u> Number Street <u>Weldon Spring, MO 63304</u> City State ZIP Code	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u></u>	<b>\$1,800.00</b>
4.28	<b>Webbank/Fingerhut</b> Nonpriority Creditor's Name <u>6250 Ridgewood Rd</u> Number Street <u>Saint Cloud, MN 56303</u> City State ZIP Code	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6992</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<b>\$781.00</b>

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.29	<b>Wells Fargo</b> Nonpriority Creditor's Name  <b>PO Box 14517</b> Number Street  <b>Des Moines, ID 80306</b> City State ZIP Code	Last 4 digits of account number _____	\$5,000.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claim		
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. _____ \$0.00
	6b. Taxes and certain other debts you owe the government	6b. _____ \$3,000.00
	6c. Claims for death or personal injury while you were intoxicated	6c. _____ \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _____ \$0.00
	6e. Total. Add lines 6a through 6d.	6e. _____ \$3,000.00

Total claim		
<b>Total claims from Part 2</b>	6f. Student loans	6f. _____ \$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. _____ \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. _____ \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + _____ \$62,213.00
	6j. Total. Add lines 6f through 6i.	6j. _____ \$62,213.00

Debtor 1	<u>Stacy</u> First Name	<u>Antoinette</u> Middle Name	<u>Kelly</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Virginia</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?  
 No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name  
Number Street  
City State ZIP Code

2.2

Name  
Number Street  
City State ZIP Code

2.3

Name  
Number Street  
City State ZIP Code

2.4

Name  
Number Street  
City State ZIP Code

Debtor 1	First Name	Middle Name	Last Name
	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Virginia</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.1

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1	<b>Stacy</b>	<b>Antoinette</b>	<b>Kelly</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Virginia</b>		
Case number (if known)			

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Occupation	Pension Service Rep	
Employer's name	The Peninsula Institute For Community Healthcare, Inc	
Employer's address	1033 28th St Number Street	Number Street
	Newport News, VA 23607 City                      State                      Zip Code	
How long employed there?	10 months	

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. <u>\$2,415.29</u>	<u>\$0.00</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	+ <u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$2,415.29</u>	<u>\$0.00</u>

Debtor 1	Stacy	Antoinette	Kelly	Case number (if known)	
	First Name	Middle Name	Last Name		
				<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<b>Copy line 4 here.....</b>				4. <u>\$2,415.29</u>	<u>\$0.00</u>
<b>5. List all payroll deductions:</b>				5a. <u>\$409.76</u>	<u>\$0.00</u>
5b. Mandatory contributions for retirement plans				5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans				5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans				5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance				5e. <u>\$81.90</u>	<u>\$0.00</u>
5f. Domestic support obligations				5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues				5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____				5h. + <u>\$0.00</u>	+ <u>\$0.00</u>
<b>6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.</b>				6. <u>\$491.66</u>	<u>\$0.00</u>
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>				7. <u>\$1,923.63</u>	<u>\$0.00</u>
<b>8. List all other income regularly received:</b>					
8a. Net income from rental property and from operating a business, profession, or farm				8a. <u>\$0.00</u>	<u>\$0.00</u>
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
8b. Interest and dividends				8b. <u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive				8c. <u>\$0.00</u>	<u>\$0.00</u>
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
8d. Unemployment compensation				8d. <u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security				8e. <u>\$0.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive					
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
Specify: _____				8f. <u>\$0.00</u>	<u>\$0.00</u>
8g. Pension or retirement income				8g. <u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: _____				8h. + <u>\$0.00</u>	+ <u>\$0.00</u>
<b>9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.</b>				9. <u>\$0.00</u>	<u>\$0.00</u>
<b>10. Calculate monthly income. Add line 7 + line 9.</b> Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse				10. <u>\$1,923.63</u>	+ <u>\$0.00</u> = <u>\$1,923.63</u>
<b>11. State all other regular contributions to the expensee that you list in Schedule J.</b>					
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.					
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.					
Specify: _____				11. + <u>\$0.00</u>	<u>\$0.00</u>
<b>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies</b>				12. <u>\$1,923.63</u>	<u>Combined monthly income</u>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes. Explain: _____					

Debtor 1	<b>Stacy</b>	<b>Antoinette</b>	<b>Kelly</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Virginia</b>		
Case number (if known)			

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Child

Dependent's age

5

Does dependent live with you?

No.  Yes.

Child

3

No.  Yes.

\_\_\_\_\_

\_\_\_\_\_

No.  Yes.

\_\_\_\_\_

\_\_\_\_\_

No.  Yes.

\_\_\_\_\_

\_\_\_\_\_

No.  Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses \_\_\_\_\_

4. \_\_\_\_\_ \$1,050.00

If not included in line 4:

4a. Real estate taxes

4a. \_\_\_\_\_ \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \_\_\_\_\_ \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \_\_\_\_\_ \$0.00

4d. Homeowner's association or condominium dues

4d. \_\_\_\_\_ \$0.00

Debtor 1	First Name	Middle Name	Last Name	Case number (if known)
	<b>Stacy</b>	<b>Antoinette</b>	<b>Kelly</b>	
				<b>Your expenses</b>
5.	<b>Additional mortgage payments for your residence, such as home equity loans</b>			5. _____
6.	<b>Utilities:</b>			
6a.	Electricity, heat, natural gas			6a. _____ \$100.00
6b.	Water, sewer, garbage collection			6b. _____ \$100.00
6c.	Telephone, cell phone, Internet, satellite, and cable services			6c. _____ \$247.00
6d.	Other. Specify: _____			6d. _____ \$0.00
7.	<b>Food and housekeeping supplies</b>			7. _____ \$400.00
8.	<b>Childcare and children's education costs</b>			8. _____ \$0.00
9.	<b>Clothing, laundry, and dry cleaning</b>			9. _____ \$50.00
10.	<b>Personal care products and services</b>			10. _____ \$25.00
11.	<b>Medical and dental expenses</b>			11. _____ \$0.00
12.	<b>Transportation. Include gas, maintenance, bus or train fare.</b> Do not include car payments.			12. _____ \$120.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>			13. _____ \$30.00
14.	<b>Charitable contributions and religious donations</b>			14. _____ \$170.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance			15a. _____ \$0.00
15b.	Health insurance			15b. _____ \$0.00
15c.	Vehicle insurance			15c. _____ \$96.00
15d.	Other insurance. Specify: _____			15d. _____ \$0.00
16.	<b>Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.</b> Specify: _____			16. _____ \$0.00
17.	<b>Installment or lease payments:</b>			
17a.	Car payments for Vehicle 1			17a. _____ \$250.00
17b.	Car payments for Vehicle 2			17b. _____
17c.	Other. Specify: _____			17c. _____
17d.	Other. Specify: _____			17d. _____
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).</b>			18. _____ \$0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____			19. _____ \$0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>			
20a.	Mortgages on other property			20a. _____ \$0.00
20b.	Real estate taxes			20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance			20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses			20d. _____ \$0.00
20e.	Homeowner's association or condominium dues			20e. _____ \$0.00

Debtor 1	<b>Stacy</b> First Name	<b>Antoinette</b> Middle Name	<b>Kelly</b> Last Name	Case number (if known) _____
----------	----------------------------	----------------------------------	---------------------------	------------------------------

21. Other. Specify: \_\_\_\_\_ 21. + \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a. \_\_\_\_\_ \$2,638.00

22b. \_\_\_\_\_ \$0.00

22c. \_\_\_\_\_ \$2,638.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \_\_\_\_\_ \$1,923.63

23b. Copy your monthly expenses from line 22c above.

23b. - \_\_\_\_\_ \$2,638.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \_\_\_\_\_ (\$714.37)

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No. None  
 Yes.

Debtor 1	<u>Stacy</u> First Name	<u>Antoinette</u> Middle Name	<u>Kelly</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<u>Eastern District of Virginia</u>	
Case number (if known)			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3671.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person Putney, Tiffany Marie \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X S. Kelly  
Stacy Antoinette Kelly, Debtor 1

Date 01/12/2020  
MM/ DD/ YYYY

X \_\_\_\_\_

Date \_\_\_\_\_  
MM/ DD/ YYYY

Debtor 1	First Name	Middle Name	Last Name
	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Virginia</u>		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 lived there

Dates Debtor 2 lived there

Same as Debtor 1

Same as Debtor 1

5201 Condor St  
Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

Virginia Beach, VA 23462  
City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

621 Aragona Blvd  
Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

Virginia Beach, VA 23462  
City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No

- Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Stacy Antoinette Kelly

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**  
 Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>
	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of Income Check all that apply.
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$20,857.20</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2019</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$19,738.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2018</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$10,800.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>
	Sources of Income Describe below.	Gross Income from each source (before deductions and exclusions)	Sources of Income Describe below.
From January 1 of current year until the date you filed for bankruptcy:			
For last calendar year: (January 1 to December 31, <u>2019</u> ) YYYY			
For the calendar year before that: (January 1 to December 31, <u>2018</u> ) YYYY			

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Date of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City	State	ZIP Code		

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Date of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	_____	_____	_____	
Number Street	_____	_____	_____	
City	State	ZIP Code		

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  
Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
------------------	-------------------	----------------------	--

Insider's Name \_\_\_\_\_

Number Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____	Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	Number Street _____ City _____ State _____ ZIP Code _____	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____	_____	_____
Number Street _____ _____	Explain what happened	
City _____ State _____ ZIP Code _____	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Describe the action the creditor took

Date action was taken Amount

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Last 4 digits of account number: XXXX-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person      Describe the gifts

Date you gave the gifts      Value

Person to Whom You Gave the Gift \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Person's relationship to you \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Debtor 1	<u>Stacy</u> First Name	<u>Antoinette</u> Middle Name	<u>Kelly</u> Last Name	Case number (if known) _____
Gifts or contributions to charities that total more than \$600			Date you contributed	Value
Charity's Name			_____	_____
Number Street			_____	_____
City State ZIP Code			_____	_____

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
		_____	_____

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Debtors, Inc Person Who Was Paid	Description and value of any property transferred Pre Credit Counseling	Date payment or transfer was made	Amount of payment
378 Summit Ave Number Street		12/09/2019	\$14.95

Jersey City, NJ 07306  
City State ZIP Code

Email or website address

Stacy Kelly  
Person Who Made the Payment, if Not You

Debtor 1	<u>Stacy</u> First Name	<u>Antoinette</u> Middle Name	<u>Kelly</u> Last Name	Case number (if known) _____
Description and value of any property transferred				Date payment or transfer was made
<u>Tiffany Putney</u> Person Who Was Paid	<u>Petition Preparation</u>			<u>06/14/2019</u>
<u>3636 Chimney Creek Dr</u> Number Street				<u>\$150.00</u>
<hr/>				
<u>Virginia Beach, VA 23482</u> City State ZIP Code				
<u>tiffany.marie@consultant.com</u> Email or website address				
<u>Stacy Kelly</u> Person Who Made the Payment, if Not You				

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

5 No

Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		
Number Street		
City	State	ZIP Code

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Mn

Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
<b>Person Who Received Transfer</b>		
Number	Street	
City	State	ZIP Code
Person's relationship to you		

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_

\_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	_____
Number Street	_____			
City	State ZIP Code			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street _____	_____	
City	State ZIP Code	_____	
City	State ZIP Code	_____	

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
	City State ZIP Code	
City	State ZIP Code	

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name	Number Street	
Number Street		
	City State ZIP Code	
City	State ZIP Code	

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Debtor 1	Stacy	Antoinette	Kelly	Case number (if known)
	First Name	Middle Name	Last Name	
	Governmental unit			Environmental law, if you know it
				Date of notice
Name of site		Governmental unit		
Number	Street	Number	Street	
		City	State	ZIP Code
City	State	ZIP Code		

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice		
Name of site	Governmental unit			
Number	Street	Number	Street	
		City	State	ZIP Code
City	State	ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending
		<input type="checkbox"/> On appeal
	Number Street	<input type="checkbox"/> Concluded
Case number	City State ZIP Code	

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

<u>Kellys Cleaning Service</u> Name	<b>Describe the nature of the business</b> Residential Cleaning Service	<b>Employer identification number</b> Do not include Social Security number or ITIN.  <b>EIN:</b> _____
Number Street	<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b> From <u>01/01/2011</u> To <u>12/31/2018</u>
City State ZIP Code	<b>Describe the nature of the business</b> Basic Auto Repair Service	<b>Employer identification number</b> Do not include Social Security number or ITIN.  <b>EIN:</b> _____
<u>Royals Mobile Auto Repair</u> Name	Name of accountant or bookkeeper	<b>Dates business existed</b> From <u>03/01/2017</u> To <u>12/31/2018</u>
Number Street	<b>Describe the nature of the business</b> Taxi Service	<b>Employer identification number</b> Do not include Social Security number or ITIN.  <b>EIN:</b> _____
City State ZIP Code	Name of accountant or bookkeeper	<b>Dates business existed</b> From <u>02/01/2016</u> To <u>12/31/2018</u>

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Debtor 1	Stacy	Antoinette	Kelly	Case number (if known) _____
	First Name	Middle Name	Last Name	
Date issued				
Name _____		MM / DD / YYYY _____		
Number Street _____ _____				
City _____	State _____	ZIP Code _____		

**Part 12: Sign Below**

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3671.

X S. Kelley

Signature of Stacy Antoinette Kelly, Debtor 1

X \_\_\_\_\_

Signature of \_\_\_\_\_

Date 01/21/2020

Date \_\_\_\_\_

Did you attach additional pages to your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of person Putney, Tiffany Marie

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtor 1	First Name	Middle Name	Last Name
	<b>Stacy</b>	<b>Antoinette</b>	<b>Kelly</b>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Virginia</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a claim? Did you claim the property as exempt on Schedule C?

Creditor's name: **Langley Fed Credit Union**  
Description of property securing debt: **2006 Chrysler Town & Country**

- Surrender the property.  
 Retain the property and redeem it.  
 Retain the property and enter into a Reaffirmation Agreement.  
 Retain the property and [explain]:

No  
 Yes

Debtor 1 Stacy Antoinette Kelly Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: *Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

No

Yes

Description of leased property:

No

Yes

Lessor's name:

Description of leased property:

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X S. Kelly

Signature of Debtor 1

X \_\_\_\_\_

Signature of Debtor 2

Date 01/12/2020  
MM/ DD/ YYYY

Date \_\_\_\_\_  
MM/ DD/ YYYY

Debtor 1	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Virginia</u>		
Case number (if known)			

- 1. There is no presumption of abuse.
  - 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
  - 3. The Means Test does not apply now because of qualified military service but it could apply later.
- Check if this is an amended filing

## Official Form 122A-1

### Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1a Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case, 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$2,415.29	
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	
Ordinary and necessary operating expenses	- \$0.00	-
Net monthly income from a business, profession, or farm	\$0.00	Copy here → \$0.00
6. Net income from rental and other real property	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	
Ordinary and necessary operating expenses	- \$0.00	-
Net monthly income from rental or other real property	\$0.00	Copy here → \$0.00
7. Interest, dividends, and royalties		\$0.00

Debtor 1	First Name	Middle Name	Last Name	Case number (if known)	
	<u>Stacy</u>	<u>Antoinette</u>	<u>Kelly</u>	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation				\$0.00	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: .....					
For you.....				\$0.00	
For your spouse.....					
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.				\$0.00	
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.					
Total amounts from separate pages, if any.				+ \$2,415.29	= \$2,415.29
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.				+ \$2,415.29	= \$2,415.29
<b>Total current monthly income</b>					

#### Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

- 12a. Copy your total current monthly income from line 11..... Copy line 11 here → \$2,415.29  
 Multiply by 12 (the number of months in a year). x 12
- 12b. The result is your annual income for this part of the form. 12b. \$28,963.48

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. Virginia

Fill in the number of people in your household. 2

Fill in the median family income for your state and size of household.....

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
 Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

#### Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X S. Kelly  
 Signature of Debtor 1

Date 01/12/2020  
 MM/DD/YYYY

X

Signature of Debtor 2

Date \_\_\_\_\_  
 MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

B280 (Form 280) (10/05)

# United States Bankruptcy Court

Eastern District Of Virginia

In re Stacy Antoinette Kelly

Debtor

Case No. \_\_\_\_\_

Chapter 7

## DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER

*[This form must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).]*

1. Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For document preparation services I have agreed to accept..... \$ 150  
Prior to the filing of this statement I have received..... \$ 150  
Balance Due..... \$ 0

2. I have prepared or caused to be prepared the following documents (itemize):

and provided the following services (itemize):

3. The source of the compensation paid to me was:

Debtor       Other (specify)

4. The source of compensation to be paid to me is:

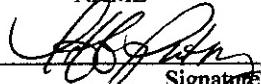
Debtor       Other (specify)

5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case.

6. To my knowledge no other person has prepared for compensation a document for filing in connection with this bankruptcy case except as listed below:

NAME

SOCIAL SECURITY NUMBER

x   
\_\_\_\_\_  
Tiffany M Putney  
Signature

Printed name and title, if any, of Bankruptcy  
Petition Preparer  
Address: 3636 Chimney Creek Dr

Virginia Beach, VA 23462

223-33-2751

1/12/2020

Date

Social Security number of bankruptcy  
petition preparer (If the bankruptcy  
petition preparer is not an individual,  
state the Social Security number of the  
officer, principal, responsible person or  
partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.